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SCARLET FEVER AND DIPHTHERIA

—THE USE OF ICE AND COLD WATER AS REMEDIES.

BY HIRAM CORSON, M. D.,

Norristown, Pa.

There is great unanimity respecting the cause of these diseases. Some persons believe them to be the same disease. A few quotations from the county reports, and from the writings of authors and teachers, will show the general sentiment.

Dr. YERGER, of Lehigh county, (report of 1865), says: "The profession are universally of the opinion that diphtheria is of the general system and not a mere local affection of the throat. Its character is *typhoid* and requires constitutional treatment."

Dr. JACKSON, of Beaver county, (1865). "The disease, diphtheria, depends upon a morbid influence, first impressing the organic nerves, thence communicating itself to the blood, there can be no doubt thus reaching the vital organs, and by its toxic influence rapidly subduing the functions of life."

Dr. HORTON, of Bradford, "believes the throat affection in scarlet fever but the local manifestation of a zymotic blood disease, and treats on general principles."

Dr. HOLMES, of Bradford, (1863). "I consider it a *blood disease*: the blood being poisoned, prostrates the nervous energy; hence the treatment is depurative."

Dr. GALBRAITH, Perry co., (1863). "Diphtheria is a disease of the general system, and not a mere local disease of the throat. Its character is *typhoid*, requiring constitutional treatment." The very words used by Dr. Yerger.

Dr. CONDIE, of Philadelphia. "Diphtheria is the product of some peculiar morbid constitution of atmosphere."

Dr. WITTIG, of Philadelphia, (1865). "The reaction of the organism against the morbid poison is powerful. There are in scarlet fever congestions of the brain, and even inflammation may take place. This result is owing to too large an amount of morbid matter received by the blood, or too great an irritability of the organism."

Dr. NEBINGER, (1863). "It is universally conceded that the development of diphtheria depends upon a blood poison, which produces morbid phenomena, both primarily and secondarily, closely resembling those of undoubted scarlet fever. Diphtheria is a malignant phase or variety of scarlet fever."

Prof. GEO. B. WOOD, in his treatise on scarlet fever, says nothing of its constitutional character, but only that "the cause of the disease is probably specific, and is generally believed to be of a contagious nature"—commendably cautious. Is not so positive as the others.

Dr. ATKINS: "A febrile disease—the product of a specific poison."

Dr. GREGORY, (1826): "Though specific contagion is the generally acknowledged and most prevalent source of scarlet fever, there is yet abundant evidence that *fever attended with scarlet eruption and possessing all the other characters of this disease does occasionally arise from exposure to cold*. It may be useful to bear this in mind."

As a result of this very general belief, that the disease is due to a poison which enters the blood and works mischief there, by producing a depressed condition of system, the general treatment is stimulating and depurative. Efforts are made to support the strength

and to rid the blood of the noxious agent, either by causing it to be excreted or by introducing into the system an agent which, meeting it in the blood, will neutralize it, and render it inactive. The means used are called constitutional means. The sore throat is, by those who are always watching the constitution, considered a local affection which ought to have some attention, if it should become threatening, or if it should impede deglutition, but at all times is of secondary importance. The great stress laid upon the constitutional affection by the teachers of medicine, and the importance attached to directing the treatment to the general system, have given character to the treatment throughout the State.

The treatment is in all places the same. Indeed so completely have the opinions and practices of the teachers and writers taken possession of practitioners, and so satisfied are they that there is nothing more to be known on the subject of treatment, that it is not unusual in those who report to say, "We treated it according to Wood," or "by Morris's plan," or "We had success by following Coadie," or "We used Stille's mode," or "We used the common means," or "it was mild, and by appropriate treatment few died," or "it was grave, and many died despite the free use of stimulants." What then are the general features of these numerous but very similar modes of treatment so well understood? To sum them up briefly: they are an early resort to stimulants and food to keep the system from being weakened by that noxious principle which has gotten into the blood, and is most mysteriously, "by its toxic influence rapidly subduing the functions of life;" and by giving chlorate potassa, or muriated tincture iron, so that the chlorine when it shall get into the stomach, may leave the potassa and iron to do their work, while it pursues the poison from cell to cell, and from capillary to capillary, till it has seized and vanquished it, or driven it from the system by way of the kidneys, or liver, or skin, and left the constitution unharmed. Nor are they wholly inattentive to the sore throat while this contest between the constitution and stimulants and medicine on one side, and the poison on the other is going on. Nitrate of silver, solutions of alum or zinc, or per-sulph. iron, or infusion cayenne pepper, or flax seed, are put into the throat as gargles, or by swabs or

brushes daily or hourly; while outside, on the sides of the neck, are hot and stimulating liniments, hot poultices, hot water, turpentine, fat pork, one or all as the case may be—this too in a warm room, with warm teas, in many cases absolutely urged upon the patient, in addition to the regularly prescribed brandy and water, or whisky and water, or wine and water, to be taken every few hours.

The above is the almost universal treatment, as may be seen by the county reports. In addition to those given in my former paper, I refer the reader to the history of scarlet fever in the various works on the practice of medicine. I also refer to an article from Philadelphia county, by Dr. WITTIG, in Transactions of 1865, pages 121 to 127, pronounced by the reporter, Dr. JAS. M. COOKE, "highly interesting." In that communication, entirely too long to quote, I find the following remedies recommended in the various stages of the disease. I take them in the order in which they appear: Bi-tartrate potassa, sulphite soda, nitre with liq. ammoniae acetat., saffron, sweet marjoram, succinate ammonia and compound powder of ipecac; externally to surface, sal. chlorinated soda, vinegar and warm water, the patient to keep his bed in a warm room and use only warm drinks; inunctions of the body with fat bacon four times a day; warm mucilaginous drinks of elder blossoms, marshmallows and poppy capsules, boiled in milk; warm poultices of milk and bread, and internally an oleaginous emulsion with bitter almond water; ex. hyoscyamus with nitrates of soda, nitrate potassa; sinapisms, vesicatories, even issues and leeches; sal. chlo. lime or chlo. soda thrown into the nostrils; warm mucilaginous injections into the ear; liq. ammonia or succinate ammonia in infus. serpentina or arnica; compound powder of ipecac; gargles of alum water, chlorine water, vinegar and water. When inflammation arises—leeches, cups, calomel, sulphate potassa, nit. potass., digitalis, jalap, acetate potassa or ammonia; afterwards tonics, sweet spts. nitre, beef tea and meat; externally, flannels steeped in infus. mustard, oil of turpentine, camphor & lye; and internally, decoctions of Peruvia bark with infusions of serpentina or arnica, succinate ammonia and camphor; phosphoric, hydrochloric, sulphuric acids; tartarized antimony, sulphur, golden sulphur of antimony, infusions of senna and seneca with nitre, cream of tartar and oil of juniper.

moxa, warm baths, etc. These are all recommended, and some of them over and over again in almost every stage of the affection. Stimulants are not *strongly* urged here, nor is nitrate of silver, so much in use, even spoken of, though its fame is so great, and that excellent practitioner, Dr. NEBINGER, thinks it so indispensable as an application to the inflamed tonsils. So we will add *that* to the list, and also the whisky, which makes up the list of about fifty remedies for a single case of scarlet fever.

I have read with much care the very able writings on scarlet fever by Drs. CONDIE, WOOD, MORRIS, MEIGS & PEPPER, FLINT, GAILLARD, THOMAS, TANNER, etc., etc., and with slight exceptions, to be hereafter noticed, their treatment does not differ materially (save that their resources are more limited), from that so ably set forth by Dr. Wittig. I have thought it proper to sketch the usual treatment here, that I may lay a more easy, simple and efficient treatment, which I have used for twenty-six years, along side of it and let your readers judge of their merits. Mine has been called heroic treatment, but compared with the above it sinks into the mildest nursing.

Before giving my mode of treatment, let us glance a moment at the disease. There is at first sore throat, followed by quick pulse and fever. Prof. Wood says: "In scarlet anginosa the *affection of fauces is prominent*; stiffness of jaws, soreness of throat, and pain in swallowing are often experienced in the commencement; the inflammation of the fauces advances with the progress of the disease, and patches of a concrete exudation are generally seen on the surface of the tonsils at an early period; occasionally they extend into the larynx, producing symptoms of membranous croup. There is almost always swelling of the external parts in the region of the parotid and sub-maxillary glands; and sometimes the tumefaction is very great, is hard and painful, and prevents the patient from opening his mouth so as to permit an inspection of the fauces. Deglutition is difficult and painful, and liquids occasionally return through the nose. Sometimes the internal parts are so swollen as to interfere with respiration. A viscid mucus is secreted in the fauces, which he cannot swallow and finds it difficult to discharge from the mouth; the nasal passages are affected—*are closed by the consequent swelling and*

the crusts which form on their surface—and the patient is compelled to breathe through the mouth. At a more advanced stage an acrid, offensive liquid is discharged from the nostrils and excoriates the orifices; a similar secretion from the fauces is swallowed, and probably conduces to the production of the irritation of stomach and to the diarrhoea, occasional features of the disease near its close."

So, all the difficulty thus far, according to the above, comes from the affection of the throat not being arrested. Dr. Condie says: "One of the most remarkable accompaniments of the disease is an inflammatory intumescence of the sub-maxillary glands, which in general presents itself the day subsequent to that upon which the swelling occurs in the pharynx. The inflammation is at first confined to the glands, but in many cases soon extends to the cellular tissue, producing enormous tumefactions reaching around the front of the throat from ear to ear. Often the inflammation of the throat runs quickly into a gangrenous condition." Here, again, all the difficulties come from the spread of the inflammation of the tonsils. Dr. Nebinger (Transactions of 1863, page 291,) writes: "Diphtheria is a malignant phase, or variety of scarlet fever. Diphtheritic croup is unusually fatal. The deposit in the larynx is *never primary*. It does not take place, as a general thing, for several days after the deposit is manifested on the tonsils and fauces. Those patients die more frequently than otherwise from the membrane extending to and blocking up the rima-glottidis; patients indeed in whom the constitutional symptoms have not been grave, have died after a few days illness in consequence of this extension." This, too, all from the sore throat—constitutional symptoms not grave, but death comes from suffocation because the inflammation of the throat was not checked.

DR. MORRIS, page 72, says: "Diarrhoea depends upon the irritation produced by the acid matter swallowed from the throat, and is most likely to occur after severe anginose cases." Here, Dr. Morris traces the disease of bowels, not to a poison in the blood, but to the acid matter swallowed from the throat. As the inflammation of the throat can always be held in check by ice, this diarrhoea should not occur.

Drs. MEIGS & PEPPER, in their valuable work on Diseases of Children, page 666, say—Inflammation of the mucous membrane of the

fauces constitutes an essential element of the disease; for we have never yet seen a case in which it was not present to a greater or less extent. I would be glad to quote their most truthful description of the condition of the throat in various stages of this disease, confirming everything already quoted as showing it a source of so great suffering to the patient, but must content myself with the following: "The throat affection is rarely severe enough to constitute a serious danger in mild cases, while in many of the malignant one's it is a frequent cause of a fatal termination."

I might go on for hours, quoting from able authors, and multiply testimony to show that the diseased condition which we must combat and subdue, if we wish to save our patient, is in the fauces and tonsils. It must be held at bay, arrested, or else the fearful consequences depicted above, will, in grave cases, ensue. And here the question naturally arises: If the inflammation of the tonsils and fauces could by any means be arrested—prevented from extension to the nose, Eustachian tube, submaxillary and parotid glands—or could even be so lessened as not to give rise to the patches of membrane and secretion of viscid mucus and offensive liquids spoken of above, would the constitutional symptoms, namely, the heat of skin, rapid pulse, thirst, brain affection, nervous excitement, etc., etc., be abated in the same degree? I answer, unhesitatingly, yes. I know this will be sneered at by those who, in the early stage, disregard the sore throat, while they hurry to give "a physic," in order to clear for action on the morrow. And to-morrow, what? One or more of the fifty remedies spoken of by Dr. Wittig to improve the general condition, to counteract the blood poison, while the only complaint made by the child is, that its throat is sore.

Dr. THOS. MILLIARD, on page 304 of his "Practice" says: "The sore throat is as constant a symptom as the rash," and at 302: "Occasionally the patient complains of sore throat a day or two before any other symptom arises, the rash being sometimes postponed until the 3d, 4th, 7th or 8th day, Dr. DA COSTA, [Medical Diagnosis, page 638]: "The sore throat is almost as constant as the rash, sometimes precedes it; there is pain in the throat, increased by pressure and by swallowing, and the patient complains of soreness of the muscles of the neck." My own opinion, derived from an

extensive observation of this disease for more than forty years is, that the sore throat is never absent in a single case—that it is the first symptom, continues throughout the whole course of the disease, and is often the only one left in a suffering condition. There is scarcely one child in a hundred whose first complaint is not: "Mother, my throat hurts me,"—and when the doctor comes, the mother says: "He complained of his throat a day or two ago, but I thought it was nothing, but now, he says, it is very sore, and this morning he has a little rash on him; I am afraid it is scarlet fever." It is this complaint of the throat that gives the doctor the clue to the ailment. And yet how few physicians look to the arrest of this commencing inflammation as of any consequence in preventing what they call constitutional symptoms. If some of them do regard this local trouble as having an injurious effect on the general system, the means which they use to subdue it, are as far as I have seen inefficient in preventing it, in what they console themselves by calling grave cases. Grave cases they prove to them in a double sense. There are exceptions. There are physicians who regard the local disease as a point from which danger issues in every direction, and they make strenuous efforts to arrest its spread.

Dr. Nebinger says: "It is certainly of vast importance that steps should be taken which will virtually say to the disease, 'thus far shalt thou go and no farther.' If this be accomplished, there are two important points in the treatment of diphtheria attained: first, the prevention of death from asphyxia or croup, and next the lengthening out of the period, in which the constitutional phenomena may be combatted by treatment." And this, he says, "can be done in every instance by the proper use of solid nitrate of silver; this is no mere surmise, no guess; but a practical truth learned by experience, in a fearless, yet prudent and cautious use of the only true potent remedial agent. What we want as guides to practice, are not imaginary or hypothetical facts, but facts positive and absolute truths, the revelations of experience attested over and over again by the same unerring guide—experience." It was, because I had tested over and over again "the inefficiency of every known mode of practice sanctioned by experience" (often a blind guide) in grave cases of scarlet fever, that I was induced to

make use of the external application of ice to the throat as a means of preventing the extension of the inflammation and of modifying the constitutional symptoms. Having, on several occasions, published brief notices of my mode of using ice to the throat, cool or cold sponging to the body, and affusion of cold water to the head in scarlet fever, in the "Transactions of the Medical Society of Pennsylvania," I might simply refer the reader to them, but as the Transactions have but a limited circulation, I hope to be excused for repeating some of the views and facts there published. Before doing so, however, I will allude to some of the teachings and writings on the use of cold water during the present century.

Dr. CURRIE, of Liverpool, was, perhaps, the first to use cold affusion, about a century ago. He praised it greatly, and had great success. In Dr. GREGORY'S Practice, Am. Ed., page 21, published in 1826, we find: "A consideration of the best means of diminishing the high excitement which prevails in the early stage of scarlet fever, affords us a second general principle of treatment. At one time bleeding was believed necessary; but experience has proved that in cold affusion we possess a means of controlling this state of disease safer and equally effectual. The great heat of skin renders the cold affusion grateful to the patient. The remedy can be applied with facility to children, in whom the disease mostly occurs. An ulcerated state of the throat forms no objection to its use. On the contrary, the cold affusion frequently checks the symptoms in the most remarkable manner. It cools the skin, abates thirst, diminishes the frequency of the pulse, the headache and the languor, and disposes to sleep. Such was the testimony given to us forty-four years ago, and yet how little attention has been paid to it. Why? Because Prof. CHAPMAN, while telling us what had been said by Currie and Gregory in favor of the remedy, ended by narrating the case of Doctor Gregory's child, who died while the water was being applied to him. This was not likely to produce confidence in the minds of the pupils in respect to the use of cold water as a remedial measure in the disease. The fears of Prof. Chapman expressed to his class, then almost the only class of medical students in America, were stamped on the minds of the young doctors, and from that day to this have, in most instances, deterred them from

the use of cold affusions in affections of the skin.

Dr. Hilliard, in his practice only two years ago, says but little in favor: "The skin if hot should be sponged with tepid water, and the patient may drink toast or barley water, or suck ice, if grateful. The throat should be freely steamed. In malignant cases, preceded by heat of skin and fever, Currie's remedy, since his time occasionally praised, appears to be of use—I refer to cold affusion. *The disease is so desperate, and the remedy strikes friends as so rash,* that practitioners are notoriously rather timid in resorting to it, especially seeing that a large proportion of the cases subjected to it will die on any plan of treatment."

Dr. Casper Morris, of Philadelphia, in his valuable work (save the treatment), believes in tepid or warm sponging; but he quotes Chapman, as saying, that it is particularly adapted to cases involving deeply the nervous system, and that he has derived more benefit from it in those cases than from any other remedy; and Dr. Morris himself adds, "There is one set of cases in which it is beyond doubt peculiarly appropriate. Those in which there is violent delirium, with great heat of skin, very rapid pulse, and extreme restlessness, and not unfrequently convulsions, or, at the least, violent muscular twitching; bleeding, whether general or local, is in such cases often followed by fatal results. But a cold douche to the head, maintaining the impression by cloths wrung out of iced water, while the whole surface is freely sponged with that fluid at the temperature of the chamber or a little below it, will do more to procure tranquility, and reduce the nervous excitement, than any other plan that can be adopted."

Though Dr. M. has thus quoted Chapman, and seemed also to approve of the remedy, he is not in favor of cold affusion, for he says: "Currie, of Liverpool, a physician of great eminence of the latter part of the last century, has advocated in very strong terms the use of cold affusions in this disease, and he has been followed in this recommendation by other writers. *The preponderance of testimony is, however, against it.*" Dr. M. also says: "Dr. JOHN FORSYTH MEIGS mentions with approbation the employment of affusions of water at 96°, containing a small quantity of vinegar. I have long resorted to baths from 96° to 100°, to which whisky has been added,

as a means of tranquillizing young children and inducing sleep." I feel very curious to know what the small quantity of vinegar or whisky is to do, that the water alone could not effect. It is a pity to waste the whisky, as it might be needed later in the case to "build up." I cannot leave this author without speaking approvingly of his three pages in reference to the use of affusion of water. There are valuable thoughts and suggestions to be found in them, but I regret that he prefers tepid sponging, and leaves the reader impressed with the danger of using cold water. 2d edition, 1858.

Earlier, in 1853, Dr. Condie in his "Diseases of Children" says: "In tepid and cold affusion, or sponging, we have a remedy which, in most cases of inflammatory scarlatina, is equally efficacious with blood-letting, and one much more generally applicable. It is in many instances almost the only febrifuge, diaphoretic and anodyne that will not disappoint the expectation of the practitioner. In proper cases it will be found very speedily to diminish the frequency of the pulse, to abate the thirst, render the tongue moist, the skin soft and cool and the eyes bright, and to be speedily followed by a calm, refreshing sleep. It has been even said, that, early applied, it *has cut short the disease*. It may be employed in all cases, during the early period of the stage of excitement, when the heat of the entire surface is above the natural standard, and at the same time dry. It should be freely used at short intervals day and night, until the heat is permanently subdued." He has further remarks, in which he prefers cold affusion when used early, but if the friends are afraid or prejudiced, advises sponging with cold water or cold water and vinegar,—what is the vinegar to do?—and is so guarded about the cold affusion, that the doctor who looks there for guidance will certainly not venture on its use.

Dr. Flint, in his "Principles of Practice," (1868) observes: "Insomnia, restlessness and delirium in scarlet fever, are measurably dependent on the febrile movement, and in general, the delirium is a criterion of the severity and danger of the disease. To diminish the heat, and the frequency of the heart's action is an important object of treatment. The object may be most effectually accomplished by the use of water. The mode of

cold affusion employed by Currie, is strongly advocated by TROUSSAU, who says, he has employed it with happy results in a large number of cases. It is, doubtless, the most efficient measure to relieve the active delirium. *The apparent boldness of the practice makes it objectionable on the score of popular prejudice;* frequent spongings of the body, doubtless, secures to a considerable extent the same results—and the wet sheet is probably in most cases as efficacious as the cold affusions of Currie—the water being used at 70°. So he leaves us, holding up popular prejudice and throwing in doubts of the procedure, quoting favorable expressions of others, but giving no evidence that he has tried the means recommended, and thus producing in the mind of the reader the conviction that though, "it is the most efficient measure to relieve the delirium," it would perhaps be best to follow the old plan, for if they should die under that, we will not be blamed. And this, too, in 1868. Currie's testimony of a hundred years ago, has proved of but little value thus far.

BURNS in his "Diseases of Women and Children, edited by Professor THOMAS CHALEY JAMES, 1823, says: "Another remedy of great importance is, affusion with cold water. From careful observation and repeated trials, I can with confidence recommend this remedy. It is of consequence to use this early, and whenever the patient feels steadily hot, and the skin feels warm to the hand of another person, it is time to put him into an empty tub, and dash over him a large pailful of cold water. By this I have known the disease arrested at once, the eruption never becoming vivid, and the strength and appetite in a few hours returning—even where it is not arrested it is pleasant to note the change it produces. The patient, from being dull, languid and listless, feels brisk, and disposed to talk and laugh. The repetition must depend upon the degree of heat. If affusion be not employed, the sufferer should be frequently cooled with a sponge dipped in cold water. These two remedies not only mitigate the disease, but lessen the risk of dropsical swelling taking place afterward. In scarlatina maligna, the early use of cold water is highly useful." What cheering testimony! Every sentence a fact, confirmed by my experience; and this published in 1823 five years before CHAPMAN discouraged us by holding up the case of Dr. Gregory's child,

and 45 years before Flint's great work on Practice, discouraging its use. Professor WM. P. DEWEES, in his Treatise on Children, in 1833, writes: "When in scarlatina there is high arterial action and great heat of surface, cold ablation or sponging gives great relief to the symptoms, and is a most comfortable process. We prefer sponging however to ablutions. Some are afraid of these cold applications, because the throat is sore, but this forms no exception. We would however, make an exception to the employment of cold water, etc., when they produce chilliness; in this case tepid water may be substituted." This was ten years after Burns, and was well calculated to prevent a practitioner from using it. The most thorough treatise on the use and effects of cold affusion, and other modes of applying cold water in scarlatina, fever, and a host of other diseases, may be found in Professor STILLÉS Therapeutics and Materia Medica, 2 vol. pp. 166 to 215. Every author who has ever written in praise of the remedy is there quoted—and though every page teems with praise of it, from some one or other of the many who have used it, yet we find that but few physicians of this age and country know its use.

The careful reader will see by the above quotations that but few of those authors have sanctioned the use of the means spoken of; they have merely given us what others have said, and in concluding have spoken as if fearful of the remedy. The recent works of Flint, Gaillard Thomas, and Aitkin are in the hands of the students as text-books, and I have shown that they have no recommendation of the cold water treatment. Indeed they scarcely differ from Dr. Wittig in treatment. And now, when we come to the popular work, just from the press, by Drs. Meigs & Pepper, a work which will give positive direction to the treatment all over the country, we find that though in their sixty pages there is a synopsis of what has been written in relation to the use of cold water in scarlet fever, yet despite the praise of it by others, despite the encouraging facts as seen by themselves, despite the case in which Prof. C. D. Meigs was called, and by its rapid and persistent use rescued their own patient from impending death (page 717), they are content to say: "When the glands are greatly swelled, or the external swelling is considerable, benefit is sometimes derived from the steady application of poultices to the part; and the best of the local remedies, in our opinion, are nit. silver 25 grs. to 3j. of water, tinct. of chlo. iron, with from two to seven parts of water; or sol. sulphate of iron, 20 to 40 grs. to 3j." And these solutions are to be rubbed around in the almost closed throat, by a mop, three or four times a day; or capsicum tea, or lime water, or salt and water may be used. Not one word about JACKSON's remedy, the cold water and ice, or ice cream, a remedy that he characterized as almost divine. If they will hereafter use the ice externally and internally, no swabbing need be done.

What is meant by a mild case, and what by a grave case? Can any one tell whether a mild case may not become a grave one? No. What makes a grave case? The cerebral affection, if severe in the early stage, will be looked upon as a grave symptom, and yet by proper means it may be divested of its grave features, and the case pass on as a very mild one. Another in which the throat is early strongly affected will be considered a grave case, and yet the early and steady application of ice will render it mild. So one with the brain and throat very lightly affected at first, treated by warm drinks, irritating gargles, stimulants, may be goaded on till the throat and brain are greatly affected and life destroyed, and then this mild case will be spoken of as a grave one.

I wish every reader of this to bear in mind the above testimonies; one and all of them point to the fatal tendencies of the throat affection in grave cases. It is that which in most cases makes them grave. And if they have no remedy to prevent this throat from getting into this fearful condition, nor to cure it when it has reached it, (and they do not seem to have them), it is time that they tried something else. While I am vigilant over the mildest case of sore throat, because I know from long experience, that the mild on my first visit, if neglected, I may find next day violently inflamed if I do not keep it cool.

Physicians who have graduated within twenty years, cannot realize the degree of courage or firmness needed by him who, forty years ago, dared to give a cup of cold water to the sick patient piteously begging for it, in those diseases in which experience, then omnipotent, forbade its use. In surprise you ask, "Why, what did you give them as drink?"

Hot teas; in measles, scarlet fever and other diseases of skin, saffron tea "to bring them out," or if obstinate and slow about coming, a touch of "sheep-tea" added to it. For fits, soot, or garlic, or assafetida tea; for fevers, balm tea; for the general run of affections, balm, or orange, or sage, or mint tea, or the highly prized toast water; for puerperal women, not a drop of water, but immediately after delivery a good bowl of whisky and sugar and hot water, or gin and sugar with hot water. In many places, both in cities and in the country, the practice prevails still.

It was during this reign of terror, in 1828, that I began the practice of my profession by directing cold water to be used as a drink by every patient who desired it. I had entered into partnership with an eminent, aged practitioner, at his request. In three months, he dismissed me, because of my utter rejection of all the teas considered so valuable. Friends were afraid to employ me through fear of the cold water. Families, who called me often, refused to follow my directions. Neighboring doctors made their teas hotter and stronger than before, and when the fates thus seemed to be against me, the measles, in which "the use of water was death," put in an appearance. How I stemmed the current that was setting against me, you will be informed in the preface to an article—Measles and its Treatment—which I hope to write very soon. At this time, ice houses were unknown here, and only well or spring water was used. In 1833, a severe epidemic of scarlet fever occurred, and as it was winter time, I used ice-water freely, despite the fears of the patients, as a drink, and to cool the throat, and thought the practice peculiar to myself; but I afterwards saw in the May and August numbers of the *Am. Journal Med. Sciences* for 1833, the valuable papers of Dr. SAMUEL JACKSON, of Northumberland, who had used ice internally to allay the inflammation of the throat in scarlet fever. To him that improved practice is due.

But, methinks I hear you say: "Do you regard the throat affection as the disease, and are you about to treat *that* without reference to the fever, the heat of skin, the eruption, nausea and all other symptoms?" A watchful physician will care for every suffering organ; but the disease of the throat attracts my attention strongly. It is the first complaint of the child; it hurts him to swallow;

his face is flushed by the pain of it; his tongue is getting sore; the papilla are congested and will soon be inflamed; the tonsils are red, they ache and pain; the glands of the neck are becoming swelled and hard; the nose feels full and hot; the inflammation is rapidly spreading over the membrane in the nose, up also into the Eustachian tube. There is a point of intense irritation in the tonsils. It is a focus towards which the blood rushes impetuously, and as it increases the fulness and congestion of the parts, the nervous system is disturbed, and now we have furred tongue, nausea, vomiting it may be, headache, thirst, heat of skin, the combined phenomena constituting fever-constitutional symptoms some would call them. Shall I trouble myself now, that fever has arisen, about some morbid influence—some noxious matter, which authors say has gotten into the blood and produces all this difficulty, and shall I go hunting after it and leave my poor patient to suffer? No, as well might I leave the man who suffers from a rheumatic knee, or a gouty toe, or a rheumatic or gouty heart, to take chance and suffer on without an attempt to relieve his pain or subdue the inflammation of the suffering organ.

Let us lay the cases along side of each other. A man feels a slight pain in his knee. A few hours more and it is stiff and swelled. He suffers greatly from pain through the night, and the morning finds him with a knee greatly swelled, red, tender to the touch, and extremely painful; and now comes fever, that is heat of the skin, thirst, frequent pulse, throbbing of the carotids, headache, inability to sleep, etc., etc., constitutional symptoms surely. Another case: A man has a thorn driven into his hand; in a few hours there is not only pain, but the wound or point of irritation becomes a focus towards which, by a law of the system, the blood tends, and soon all the little blood vessels and the capillaries become engorged with blood, extending wider and wider, until the hand is greatly swelled and red and hot and painful, and the system sympathises (to use the common expression) with it. The tongue becomes furred, the stomach nauseated, the appetite is gone, the skin is hot, there is thirst and sleeplessness and headache, and the heart has increased action. Take hold of the man's wrist and feel how the arteries beat and pound under your fingers. The doctor is sent for, and the nurse says: "We are afraid he will get lock-

jaw unless you can relieve his suffering hand." Her eye is on his hand. She sees all the other symptoms to be dependent on, or caused by the hand. Ah! there is indeed danger of lock-jaw or death. This small point of irritation has thrown the whole system into commotion, the nerves have become affected, the heart feels their unnatural thrill and bounds with unwonted turbulence, while the muscles jerk and quiver under the intense excitement. Believe his hand by extracting the thorn, by pouring a stream of cold water upon it, or, if need be, by amputating the hand, and lo! as if by magic the heart ceases its unwonted action, the nerves fall into their usual quiet condition, the thirst abates, the tongue becomes clean, the appetite returns, the patient falls into refreshing sleep, and in a few days he is a relieved and convalescent man.

Two men come to me to have their aching teeth extracted. I say to them I do not pull teeth; but if they ache, I can cure them for you! They do ache violently. One agrees to have it cured and is given half a grain sulph. morphine. The other will not take anything. In the morning they return: the one who took the morphine is well, and on looking at his mouth everything is found in a natural condition. The other man complains greatly, and on looking into *his* mouth I find, that, although the evening before he had neither swelling, nor soreness of the gum, it is now red, inflamed, and so swelled that it almost covers the top of the tooth, and he cannot even bear to have it touched. And now, let me explain this matter. The man who took the morphine had had the pain only a few hours. It was only a neuralgia—an affection of the nerve in the bony case of the tooth, and had not yet so disturbed or affected the brain as to have an increased quantity of blood sent to it, and as the morphine placed the brain in such a condition that *it could not recognize the irritation*, of course the point of irritation existed no longer and no blood was invited to it, and no inflammation took place. In the other case the pain was allowed to go on until it disturbed the brain, until it became a focus to which the blood, in obedience to a law of the system, rushed and crowded until all the little vessels and capillaries of the gum were filled, and a real inflammation was developed with its accompanying febrile action.

Two men exposed to a cold damp wind, are suddenly struck with pain in the side. In a

few hours they cannot take a single breath without suffering from a painful stitch. The one takes one-half grain, or a grain of sulph. morphine, which prevents the brain from recognizing any pain in the side, and in the morning he wakes up a well man. The other goes to bed with a peultice on his side, and after suffering all night, wakes up with an inflammation of the pleura, and will barely escape with life after many days of suffering.

In those cases there was no noxious morbid poison sent into the blood from the thorn, none suspected as the cause of the toothache or the pleurisy, none in the gouty or rheumatic case. Now let us shut our eyes against the morbid poison, the coming rash, the dreaded name of scarlet fever, and listen to the complaints of the child. It has sore throat; it was somewhat sore yesterday, the mother says, but is much worse to-day. We find the tonsils swelled, the arch of palate, the uvula, the pharynx redder than usual, fuller too; under the angles of the jaw are small lumps, tender to the touch. We are now just where we were on our first visit to the gouty toe, the rheumatic knee, the thorned hand, the aching tooth. The brain is just beginning to recognize the fact that a disturbing force is at work. And now shall we let it go on without attempting to arrest it. Oh, yes, this throat affection, say the defenders of the constitution, has gotten up a little domestic disturbance of its own, but we will soon put that down by revising and amending the constitution. To effect which we will give one of the fifty remedies of Dr. Wittig, who understands the constitution thoroughly, and that we may not be charged with having utterly overlooked or ignored that small but somewhat important member of the republic, which acknowledges with the other members a common constitution, we will apply a piece of fat bacon around the throat; "if it should do no good it can do no harm."

A day passes, we look into the mouth again and what do we see now? The uvula, pharynx, tonsils, arches of palate a sheet of flame, red as fire, swelled greatly, patches of exudation here and there on the inflamed surface; the tongue is red, the papilla is enlarged, the inflammation has spread over the membrane in the back part of the nose, has traveled up the Eustachian tubes, the angles of the jaw are filled with large swellings, the child suffers great pain in the throat and swelled glands.

Change the remedy; give alternately two or three of the fifty remedies—put turpentine outside, swab the inside with sol. nit. silver; give stimulants to cool the throat, to allay the thirst, to make the heart beat slower. Another morning; and now listen to Prof. Wood: "The tumefaction of the neck is very great, is hard and painful and prevents the patient from opening his mouth so as to permit an inspection of the fauces; deglutition is difficult and painful, and liquids occasionally return through the nose; the internal parts are so swelled as to interfere with respiration; a viscid mucus is secreted in the fauces which he cannot swallow, and finds it difficult to discharge from the mouth; the nasal passages are closed by the consequent swelling; an acrid, offensive liquid is discharged from the nostrils and excoriates the orifices; a similar secretion from the fauces is swallowed and probably conduces to the irritation of the stomach and diarrhoea, sometimes features of the disease near its close." Hold, venerable Professor! Do you mean to say that from this small beginning in the throat, from that small point of irritation first felt in the tonsils, the inflammation has been developed and has spread to the fauces, and almost blocked up the passages by which the air gets to the lungs; to the nose and filled it with an acrid, offensive liquid; to the glands of the neck, making them large, hard and painful, and preventing the mouth from being opened; that

it caused a viscid mucus to be formed in the fauces and throat, which ran down to the stomach and bowels, causing vomiting and bowel complaint?

Yes, do you mean to say that all this would have been averted if we had held in abeyance the inflammation of the tonsils? In the absence of the eminent professor, whom I venerate for his great talents and his unwearyed labors for the advancement of the profession, I answer, yes. Take away the thorn that rankles in the hand, the knee, the toe, the tonsils, or the tooth; be it thorn or morbid poison; or, if you cannot do that, allay the inflammation, quiet the pain, and the system, before disturbed in all its functions, will again resume its harmonious actions.

By these illustrations, given to show the effect of a local suffering on the general system, I do not intend to convey the impression that scarlet fever is merely a local disease, but only to express my belief that even in a disease involving the whole system, as measles, scarlet fever, small pox, or even rheumatism, that every local inflammation aggravates the general condition just in proportion to its intensity—and that when such local injury manifests itself in organs whose functions are necessary to life, no time should be lost in relieving them. In scarlatina, generally the throat and skin, or the brain; in measles, the skin and bronchial membrane.

(To be continued.)

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Conditions of Disease Demanding Abstraction of Blood.

[At the request of many subscribers we reproduce in full Dr. RICHARDSON's lecture, to which reference was made by Prof. FORDYCE BARKER, in our issue of January 2d, 1871, from the *Medical Times and Gazette*.]

GENTLEMEN:—Medicine is never so satisfactory in matter of practice as when it combines theory with practice, and when, in respect to results, both are in accord. When theory explains what ought to follow upon certain methods of treatment, and when practice confirms the treatment as of sterling worth, the mind of the practitioner is at peace. He knows in what he believes, and acts, whatever may

be the exceptional result, with a consciousness that he is following a rule which, on the whole, is benevolent and trustworthy. Our forefathers in physic were weaker than we are, because they had not our advantages in theoretical study. They observed the phenomena of disease as we observe, and recorded them so faithfully and with such true delineation of nature that they leave little for us to do in mere description, nothing that can excel their own. The remedies they employed they also described with infinite care, and the effects of the remedies, in so far as they were able to form a judgment, were written with the most simple honesty. But at these points they stopped: if they endeavored to account for the cause of a disease or the action of a remedy, the *modus*, they fell into a train of reasoning thwarted by the philosophy of their time and inexplicable

cable now. We, more fortunate, are improving in theory by the better light that flows in upon us from modern philosophy; and so we are able to advance, as they never were, toward knowing not only facts, but the why and the wherefore of facts, —a signal advance.

In the matter of bloodletting, our forefathers were great in facts, and I have tried, in a former essay, to accord to them some of the credit that is their due. By their facts, the majority of the medical world, even one generation ago, firmly held. At length new theory, very imperfect of its kind, and assuming too much, threw doubts on some of the facts, and thus the practice of drawing blood fell into disrepute, its faults grossly exaggerated, its virtues ignored and forgotten.

We return, however, to the fathers once again. We are forced to acknowledge that, after all, they held in bloodletting a powerful means of cure; we are driven to accept that the remedy was based on correct observation; and we are driven, further, to the conviction that, by omitting to use this remedy, we moderns often let patients die who might live and be cured.

My lecture of to-day is offered as an attempt to treat with this conviction. Not one alone of medical men, but many have spoken to me upon it with compunction. We read, say they, what you and others have written on this remedy of abstraction of blood; we accept much you have said, but we cannot act as we would, even when we know a case must end fatally, because we have no clear rule for bleeding, nor connected theory on which to rest. You should define more clearly. Well, to-day it is my wish to define, not with dogma, but with reason —reason in which theory and practice go hand-in-hand harmoniously.

THEORY.

Let us endeavor, first, to learn the theory of the practice of taking blood. What physiological changes occur in the body when blood is being abstracted—in what way are these changes likely to influence function? And, that we may have no confusion of thought, let us, on the present occasion, treat only of abstraction of blood directly from a vein.

In tapping a vein, then, and allowing blood to flow from it, we should bear in mind that the venous channel we have opened is not simply a blood-course, but a reservoir of blood; a reservoir from which the right heart lifts up, at each stroke, a column, and pours the charge into the lungs. It makes some considerable difference from what part of the reservoir we take our blood; if we take it from the arm, we draw at first from that section of the reservoir from which the blood proceeds—the hand and the arm—and we affect the other parts of the body little; if we take it from the jugular vein, we draw direct from the brain, and very quickly

interfere with nervous function; if we take it from the foot, we affect more slowly than from the arm, and much more slowly than from the neck. These facts were well known to the ancients, who, accordingly as they wanted a quick, or moderate, or slow deliquium, bled from the neck, the arm, the foot.

After a time there occurs, under the abstraction, a central change of the circulation; the volume of blood pouring into the heart is diminished at the right side of the heart; thereupon the volume of blood passing over the pulmonary circuit is diminished, and the first symptoms are unsteady breathing, attended usually with sense of oppression, and desire for air; the balance of the respiratory and circulating systems is disturbed, the pressure of blood in pulmonary circuits is reduced, and exhaustion would soon follow, but for a new change that takes place: the venous reservoir begins to be fed more freely from its tributary sources. We find, if we tie the aorta of an animal just dead, so that no blood can make its way from the arteries into the veins, that for an interval of three, four, and I once knew five minutes, there is an influx of blood into the right heart under the mere motion of its auricle. The venous reservoir, bereft of its supply by the arteries, is filled for a time by tributary currents, by influx of water, by influx of chylous fluid, and by influx of returning blood from the great glandular organs, such as the liver and spleen. Thus the reservoir becomes filled up, not now with simple blood, but with blood containing specially an excess of water. Under these circumstances the blood from the vein becomes of darker color than is natural, precisely as this bright arterial blood before me becomes dark when, as I now do, I infuse it into a little water. At this stage of the operation the blood shows also an increased tendency to undergo coagulation; precisely as this blood before me, in which the fibrine is held in solution by the addition of a salt, shows quick tendency to solidify when I simply infuse water into it. The reason of this is that the influx of water disturbs the balance between the saline parts of the blood, fibrine and water which is necessary for maintaining fluidity. The blood receiving more water than the salts can remove in due quantity, the fibrine tends to pass into the solid form, to coagulate. Thus, sometimes there is a sudden coagulation of blood during this stage of blood-letting, in cases where the fibrine, already in trembling equilibrium, is ready, under very slight disturbance, to solidify. A stage a little further on, and the blood from the veins ceases to begin to flow, the heart becoming enfeebled, and fails to take up with sufficient force from the venous reservoir the fluid contained in it, and the blood itself loses in sustaining power. Then the evidences of syncope are manifested, lividity passes into pallor, the controlling nervous centres are paralysed, the

volutional centres are paralysed, and there is deliquium. The deliquium does not, as a rule, pass into death, however, because the heart, though it contract feebly, continues in motion, and, if the loss of blood be stayed, soon recovers itself; indeed, if the bleeding be continued, the heart continues to contract after the respiration has ceased, and I have seen this day, in an animal that died from actual loss of blood, the heart rhythmically acting for ten minutes after death. We have here the same phenomenon as that which is observed after death by chloroform; and the cause of the phenomenon is that the heart first feeds itself with blood by the coronary vessels, so that it is the last organ of the body that is exhausted, and is consequently the last to die. But for this provision every case of syncope would be a case of death.

In this period of temporary suspension of the common phenomena of life, there is, as we know, complete collapse of voluntary power; there is also such perfect loss of sensibility that the late Dr. WARDLAW, before the days of anaesthesia, once bled a lady to insensibility, and while she was unconscious amputated her breast. But soon, should the loss of blood continue, and perhaps should it not continue, there is another symptom added—I mean irregular and severe convulsion. This convulsive action is a definite phenomenon, and it may be seen in the slaughter-house in every animal that is killed by simple loss of blood. It appears invariably at a given moment during loss of blood, it lasts a regular time, and it ends in complete cessation of muscular motion. When we analyse the phenomenon of the convulsion we find that it is simply due to loss of nervous control over the muscular system. The nervous system is dead, and is, as it were, broken off from the muscular system; but the muscles retain their power to act and persist in action, the flexors against the extensors, the extensors against the flexors, in uncurbed restraint, until both are reduced in power. Still, the muscles retain long what is called their irritability, and if supplied with saline solution, in current, remain active, under stimulation, for two and three hours after death, if their temperature be kept low. We have before us proof of this. Here is an animal that died two hours ago; from it every portion of blood that could be extracted was extracted. We insert now in the aorta an injecting tube, and throw round the arterial vessels, into the muscles, a weak solution of common salt, and, under the stimulus of electricity, you see the muscles again so active that the limbs are moved freely. These muscles are not dead, and if we could re-connect them with their nervous centres, and restore the nervous power, we could call up a resemblance, at least, of actual life.

Baron LIEBIG, in a recent admirable lecture (translated by Dr. PAUL, in the *Pharmaceutical Journal*),

has called particular attention to this effect of a saline solution in restoring muscular irritability after death, and has adduced in illustration an experiment made on frogs, in which, for several hours after the natural circulation of blood has been cut off from the animal, the muscular motion has been sustained by the injection into the arteries of common salt and water. He has further adduced an observation, by Professor AGASSIZ, of a wounded shark that lived for a long time on the sea water which had found its way into the circulatory channels of the animal. But we have had better observations even than these in the practice of medicine; for in case of serous hemorrhage, cholera, in the human subject, we have had instances abundant in which, after the apparent collapse of death, after cessation of motion, sensation, and other signs of life, the introduction of saline solution by the veins has restored animation. In like manner, in collapse from direct loss of blood, the same restoration of motion has followed transfusion. Again, in some experiments of my own on the bodies of warm-blooded animals that had lain dead in the air at a temperature below freezing point, it was found that so long as three hours after death active muscular motion could be excited by simply injecting water, without salt of any kind, at a temperature of 115° Fahr.; while in a turtle that had been killed by decapitation in the usual way, I once found the muscles of the head, that had been kept at 32° Fahr., contracting vigorously, under mere mechanical stimulus, eighteen hours after they had been separated from the rest of the body.

The evidence, then, is conclusive that, after loss of blood, to and beyond the stage of convulsion, the muscles retain their power to contract; they retain it much longer, I may say, under this condition than when they are left full of blood, and they begin to react so soon as they are recharged, even after prolonged absence of blood. The heart, also, with the other muscles, retains its power, and, as it is most readily resupplied with blood, it continues to act during deliquium, and maintains the life. In the days when to bleed from a vein was a practice followed by every busy practitioner every day, syncope from bleeding was an event of the most common kind; but death from the syncope thus induced was almost unknown.

There has been some difference of opinion respecting the temperature of the body during loss of blood. From the observations I have made in the cases of animals bled to death in the abattoir, I was led to infer that through the whole process of abstraction of blood there was lowering of temperature. But this view has been opposed, and it has been affirmed that there is sometimes an increase of temperature during loss of blood. I have on this point some notes recently made by my friend Dr. DAY,

Stafford, who has observed the effect of abstraction of blood in a calf that was bled, as is the custom in some parts of England, on two days previous to slaughter of the animal. In this instance, the temperature in the rectum remained on both occasions unaffected, but in the mouth it underwent decided reduction. Dr. Day has also taken observations in two cases of accidental hemorrhage in the human subject, in one case of post-partum hemorrhage in the human subject, and in one case of excessive internal hemorrhage occurring during typhoid fever, also in the human subject. In the cases of accidental hemorrhage, the temperature in the axilla and the mouth was reduced $1\frac{1}{2}$ ^o; in both these instances there was recovery. In the cases of post-partum and of internal hemorrhage, there was decline of temperature to nearly 2° up to the moment of death (both being fatal cases); but in both, at the moment of death, there was a suddenly-developed increase of temperature. This fact of post-mortem rise in temperature, on the cessation of the movements of the heart and of the muscles of respiration, has been observed after death by cholera and other suddenly exhaustive diseases, and has been before us in a previous lecture. Its occurrence in cases of hemorrhage may have led to the difference of opinion that has been expressed respecting the effect of hemorrhage by other observers. I do not, however, think the fact in any practical way influences the question we have now in hand; and from the evidence we have before us we are, I infer, bound to accept, until other and very decided proof has been given to the contrary, that during loss of blood the temperature of the body is reduced.

We may sum up the physiological effects of abstraction of blood under a few heads. There is, *firstly*, modification of the balance of the circulating and respirating systems; *secondly*, influx of fluids into the venous reservoir from the tributary supplies; *thirdly*, hydration of the colloid fibrine, and dilution of the saline parts of the blood, leading to tendency to separation of fibrine; *fourthly*, syncope; *fifthly*, convulsion of the muscles from removal of nervous control, with retention of muscular irritability; and, *sixthly*, decline of animal temperature. From these facts we may turn to the application of bloodletting in cases of disease, and may ask, and try to answer the question, What are the conditions of disease demanding the abstraction of blood?

(To be continued.)

Cod-Liver Oil.

Dr. J. M. WINN, senior physician to St. George's and St. James' Dispensary, says in the *British Medical Journal*:

"The following example is a remarkable illustration of the value of cod-liver oil in a case that ap-

peared, at first sight, an unpromising one for its use.

"A child, six years and a half old, was brought to me dreadfully disfigured by an eruption of eczema impetiginodes over the forehead, nose, lips and left cheek. She was one of the largest and most robust looking children I ever saw, and her muscles were firm and well developed. She was the daughter of Jewish parents; and I was informed that her brothers and sisters were all on the same large scale. Attributing the disease in a great measure to a plethoric condition, I prescribed aperients and alkalis; and as she was in the habit of eating very heartily of animal food, I reduced her allowance of meat. After continuing this plan for a fortnight, there was no amendment; I then changed the treatment, and ordered one small teaspoonful of cod-liver oil three times a day. The effect was immediate, and in about a fortnight the eruption had disappeared, and the child was quite well in every respect.

"A case which I am now attending will serve to show that all the beneficial effects of cod-liver oil may be produced by the use of very small quantities, even on full-grown persons of very large proportions. The patient is an ex-Life-Guardsman, above six feet in height, suffering from tubercular disease. He appeared to be in a sinking state, but has now rallied far beyond my expectation from the use only of one drachm of the oil three times a day.

"From these and similar instances of constant occurrence, I infer that cod-liver oil does not act as a mere article of food; neither is it a simple tonic, like iron or gentian, but that it has a specific virtue of its own—in short, I would suggest that cod-liver oil is to hereditary affections what quinine is to zymotic diseases."

The Treatment of Habitual Constipation.

In the treatment of obstinate constipation, says the *British Medical Journal*, Dr. FULLER lays especial stress on the management of the routine of his patient's daily life. His impression is that in the majority of instances the constipation originates in a neglect to attend to the calls of nature, whereby the bowel ultimately becomes insensible to its natural stimulus. Therefore he insists, as preliminary to all treatment, that the patient shall go to the water closet daily at a stated hour, and shall remain there with his mind directed solely to the object of his visit for at least five minutes; there being no doubt in Dr. Fuller's mind, that any diversion of the thought tends in many instances to diminish or draw off the nervous influence which would have sufficed for defecation if the mind had been directed solely to the act. This being strongly insisted on, Dr. Fuller is guided in the choice of his remedies by the result of his inquiries in each individual

case. If the tongue be clean and not unduly red, and there be no apparent derangement of digestion, he ordinarily suspects inactivity of the large bowel, and orders an enema to be used once a week, prescribes a pill containing aloes and nux vomica to be taken twice a day before meals, and advises the use of brown bread. If the secretion be unduly pale or unduly dark-colored, indicating inactivity or derangement of the liver, he adds to the pill a small dose of podophylline or prescribes a pill to be taken occasionally, containing two grains of calomel and a grain of colchicum, both of which agents appear to him to exercise a stimulating influence on the lower bowel. If, on the other hand, the lower bowel appear to be acting freely—in which case the enema will prove to be of little or no service—and if, at the same time, the tongue be red and possibly chapped, indicating an unhealthy and congested condition of the mucous membrane, Dr. Fuller prescribes a dose of Fullna, or some other aperient water, before breakfast, and calls to his aid a wet compress on the abdomen. Again, if the lower bowel be acting freely, but the tongue instead of being unduly red, be pale and flabby, he prefers a pill two or three times a day containing iron, aloes, rhubarb, and nux vomica; and, if there be much tendency to flatus and spasm, he adds to this pill a small dose of belladonna. In some of these cases he has found electricity useful, whether in the form of a strong continuous current applied for a short time daily, or in that of a Pulvermacher's chain, worn constantly day and night. But in many instances of constipation the fault appears to Dr. Fuller to lie in inactivity of the liver and of the secreting apparatus of the digestive organs, rather than in mere torpidity of the muscular coat of the bowel. These cases are characterized by a coated tongue, a foul breath, congestion and yellowness of the conjunctiva, and a tendency to headache and occasional nausea. In these cases, the secret of successful treatment lies in a proper regulation of the diet, and on the taking of sufficient active bodily exercise. Absence from fatty and saccharine matters, together with a diminution in the daily allowance of alcohol; a diet in which green vegetables and fruit play a conspicuous part, together with active exercise and the occasional use of a Turkish bath, will generally suffice to rectify this form of constipation. The drugs most serviceable for its relief are rhubarb, colocynth, scammony and podophyllin, combined, if necessary, with a twelfth of a minim of croton oil, and occasionally a dose of calomel; but these are only temporary expedients for the relief of a condition which is clearly induced by excess in eating and drinking, improper food, or inactive habits, and which can be easily counteracted by careful attention to the points above mentioned.

In cases of extreme constipation terminating in temporary obstruction of the bowels, Dr. Fuller gives two pills composed of equal parts of scammony, calomel and colocynth, to which he adds a minim of croton oil. After these have been taken about two hours, he puts the patient into a hot bath and administers a copious enema of warm water; and if that fail, he gives an enema containing an ounce of turpentine and an ounce of castor-oil. If this prove ineffectual, he follows the pills by a senna draught or a full dose of castor-oil, and then gives an effervescing saline every three hours, containing a drachm of sulphate of magnesia. If much sickness exist, and the pills be rejected or do not act, he gives ten grains of calomel in powder and applies a mustard poultice to the epigastrium, and then repeats the effervescing saline and sulphate of magnesia. This treatment, however is applicable only to extreme constipation, not to obstruction of the bowel.

Transfusion of Blood in Poisoning by Carbonic Oxide.

Professor HUTER, of Greisswald, related at a meeting of the medical society of that place, a case of poisoning by carbonic oxide, in which he successfully employed transfusion of blood. The patient was a gentleman aged 26, who had been exposed for four or five hours to the noxious gas, and was found insensible. Attempts to resuscitate him by means of artificial respiration, by compression of the thorax, abduction of the arms, and the application of electricity to the phrenic nerve, were made, but without success. When Dr. Huter came to him, respiration was very superficial and intermittent, the pulse small and frequent; the pupils did not act, and the cornea was quite insensible. This was his state about half an hour after he was found. Dr. Huter obtained at once a pound of blood from a student and from an officer's servant; and, having defibrinated it, injected it into the right radial artery just above the wrist, at time when respiratory movements had quite ceased. A vein in the patient's left arm was opened when about two drachms had been injected; a few drops only of blood escaped. Artificial respiration by compression of the chest was kept up while the injection was being made. After about half the blood had been injected, the blood flowed more freely from the open vein. At the end of the injection of the entire pound, the pulse had become fuller and slower, and natural respiration had returned. In half an hour, the pupils were sensitive to light, and the patient moved his arms a little. For four hours it was necessary to hold the tongue forward, on account of its tendency to fall back; when this ceased, consciousness returned. There was still some drowsiness on the following day. Recovery was

complete on the fifth day. In commenting on the case, Dr. Huter insists on the necessity of using a sufficient quantity of blood, e. g., a pound; and says that injection into the arteries is in such cases much preferable to that into the veins.

Reviews and Book Notices.

BOOK NOTICES.

The State of West Virginia very wisely has a State vaccine agent, who is appointed annually, and whose duty it is to furnish every citizen of the State who shall apply for it, genuine vaccine matter, with directions how to use it, free of charge. Since the office was created, now eight years ago, the present incumbent, Dr. JOHN C. HUPP, of Wheeling, has filled it in a most satisfactory manner. We have just received from him an official report entitled, "Vaccination and its Protective Power in the State of West Virginia." We hope it will be read widely, as it illustrates strongly the benefit of such public action.

"Retention of urine depending on stricture," was the subject of a paper read before the New York Medical Journal Association, last December, by Dr. ALEXANDER W. STEIN. It describes a convenient catheter, and contains several general suggestions of value.

In looking over the report of the Maine Insane Hospital for 1870, recently received, we were impressed with the truth of the following observation, which deserves the attention of every physician :

"In observing the varied cases of insanity which come to the hospital for treatment, we are confident that quite a proportion of them, say from one-half to two-thirds, have a morbid condition of brain of an anæmic character, induced by dyspepsia long continued. They are always difficult to treat, whether in or out of the hospital, either before insanity has commenced or after reason has lost its sway, from the fact that they require so much care, and that the symptoms are subdued with such difficulty. Early attention to the digestive organs by applying proper diet and the use of the right kind of medicine, together with healthful exercise in the open air, without fatigue, would, we believe, avert many from the vortex of insanity into which their physical disease is fast plunging them."

American Association for the Cure of Inebriates. Proceedings of the first meeting held in New York, November 29th and 30th, 1870. Philadelphia, 1871; pp. 84. Published by order of the Association.

An extremely important branch of human progress is treated in this pamphlet. The organization of such an association, the character of the essays submitted to it, and the reports of work already

done, are cheering to every philanthropic mind. The contents, besides the minutes, are a paper by Dr. N. S. Davis, on the pathological influences of alcohol and the nature of inebriation; an article on the philosophy of intemperance by Dr. Joseph Parrish; on the disabilities of inebriates, by the inmates of the Pennsylvania Sanitarium; experiences at the Washingtonian Home, Boston, by W. C. Lawrence; restraint as a remedy in the treatment of inebriety, by D. G. Dodge; the relation of the church to inebriates, by the Rev. J. Willett; inebriate asylums as they relate to questions of social and political economy, by Dr. Albert Day; the moral and social treatment of inebriates, by Dr. P. J. Wardner; statistics of Inebriety, by Prof. Willard Parker; and a chapter on laws regulating the admission of inebriates to asylums.

This summary will speak for itself, and indicates vividly the earnest and practical character of the questions which engage, to such good purpose, the members of the society.

Modern Therapeutics: A Compendium of Recent Formulae and Specific Therapeutical Directions. By GEO. H. NAPHEYS, A. M., M. D., one of the Editors of the *Half Yearly Compendium of Medical Science*, late Chief of Medical Clinic of Jefferson Medical College, Member of the Philadelphia County Medical Society, Corresponding Member of the Gynaecological Society of Boston, etc., etc. Second Edition. Revised and Improved. Philadelphia; S. W. BUTLER, M. D., 115 So. Seventh st. 1871. 1 vol., 8vo., cloth pp. 412.

Those of our readers—and they are many—who are familiar with the first edition of Dr. NAPHEYS' work, will hardly recognize it in this so much handsomer and more enlarged form. Not only has a considerable amount of new material been added, but both type, paper and binding present a much more attractive appearance, while—it is worth remarking—the price remains the same. We have observed, however, a number of small inaccuracies in proof-reading, which we could wish had not escaped the printer's eye.

The additions consist in a large number of therapeutical directions, from the most recent American, English, French and German practitioners, most of them novel to the general mass of physicians, and all of them by experienced teachers.

It is to be regretted that the author has not entered further, not into the theory, but into the philosophy of therapeutics. Empiricism, as Lord BACON justly observes, should incline to the traditions of learning, and empirical therapeutics should be educated by the methods of sound pathological reasoning.

Probably of all the American medical books published in 1870, this work of Dr. Napheys was the greatest commercial success. This edition will, undoubtedly, still further increase its popularity.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 11, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

PROFESSIONAL RECOMPENSE.

"Doctor's charges" have recently been the subject of some severe comments in the newspapers of this and other cities. The general public would seem to feel aggrieved lately at some special acts in this direction. They are asserted to be unfair, unequal, and graduated not to the services rendered, but solely to the amount possible to obtain.

It is a fact, and we regret it as much as any one, that there is a prevailing vagueness in our scale of charges. One physician demands more than another; the same physician asks more of one than of another of his patients; those in one portion of a city are cheaper than those in another portion. The fee-bill, which is the ostensible guide, is disregarded even by its framers.

All this is so, but it is unavoidable. If physicians were paid invariably, or as nearly so as most other laborers, for their work, these irregularities would vastly diminish; but they notoriously are not. We cannot be contradicted in the assertion that they perform more labor without recompense than any other class in the community. It is essential, therefore, that they must make those pay who are able adequately to remunerate the skill and toil rendered.

We do not favor exorbitant charges, still less improper ones. But in estimating how much a patient, abundantly able to pay, ought to be charged for services rendered, we must bear in mind the amount of benefit he has received, the value the attention has been to him in the way of saving time, the long period of labor and time devoted to acquiring the

requisite knowledge, and attending circumstances. We remember to have seen an incident related of the late President Lincoln which may be repeated. The largest fee he ever received was five thousand dollars paid him for twice arguing the case of the county of McLean against the Illinois Central railroad company, reported in 17th Illinois, 291. The opinion of the court sustained his view of the case, holding that the provision in the charter of the company by which its property was exempted from taxation on the payment of a certain proportion of its earnings, was constitutional. The company owned nearly two millions of acres of land, and the road passed through twenty-six counties, so that, had the decision been adverse to the company, a half million of dollars put at interest would scarcely have paid the taxes. Pending the payment of this fee, Lincoln wrote the following query, the affirmation of which embodies the practical rules which governed his attorney fees: "Are, or are not the amount of labor, the doubtfulness and difficulty of the question, the degree of success in the result and the amount of pecuniary interest involved not merely in the particular case, but covered by the principles decided, and thereby secured to the client, all proper elements, by the custom of the profession, to consider in determining what is a reasonable fee in a given case?"

These are the principles which must govern us in making up our accounts, and if we apply it to those who can pay rather than those who cannot, the reason is sufficiently obvious and ought to be satisfactory.

New Points in the Chemistry of Milk.

Some important observations recorded in the first number of the *Milk Journal*, indicate that the specific gravity of milk is a very uncertain guide to its strength. It appears that mere keeping for three or four days in a closed vessel determines a change in the density of milk—that in point of fact milk expands on being kept, so that its specific gravity falls sometimes even below that of water. An explanation of this strange phenomenon was sought in the assumption that fermentation of the milk-sugar had taken place, and that by this means the milk had been charged with alcohol, which would, of course render it lighter. Direct experiment, however, failed to detect the least trace of alcohol. The spontaneous expansion of volume must therefore be due to some strange molecular change in the caseine, and possibly also in the milk-sugar.

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Notes and Comments.

Chloral in Mania.

A correspondent writes: "In a case of puerperal mania coming on the third day after delivery, I treated successfully with chloral hydrate after trying opium, camphor, valerian, bromide potassium and other minor remedies, for two days and a night. I gave the chloral in 30 grain doses every half hour until she slept. It acted promptly and efficiently."

A Good Rule.

Of the various improvements relating to school management we have learned of none more desirable than that recently initiated in New York city. The Board of Education of that city have recently created the office of visiting physician, who is to report on all cases of sickness of over five days' absence, etc. It is ultimately intended to make it a bureau of medical inspection, charged with the sanitary supervision of the schools.

Sponge Paper.

For the fabrication of an article called sponge paper, lately patented in France, evenly and finely divided sponge is added to ordinary paper pulp, and this is worked as in the common paper making apparatus, into sheets of different thicknesses. It is said to have all the peculiarities of sponge, absorbing water readily, and remaining moist a long time. It has been used as a dressing for wounds with considerable advantage, and is capable of several important technical applications.

Death of Dr. G. T. Elliott.

Dr. GEO. T. ELLIOTT, Professor of Obstetrics in Bellevue Hospital Medical College, died at his residence, on Sunday morning, January 29th. Dr. Elliott had received an attack of apoplexy last July and since that time made a rapid recovery. On Saturday evening extravasation again took place, and next morning he died,

Management of Infants.

Some very sensible rules for the general management of infants have been drawn up by the Infant Mortality Committee of the Obstetrical Society of London. They will be published in a form suitable for cheap distribution among the poor. They contain nothing new to medical men, but epitomize clearly and sensibly the most approved rules for washing, clothing, ventilation, sleep, air and exercise, feeding, suckling, feeding of nursing mothers

and wet-nurse, weaning, and hand-feeding. They have been compiled after much correspondence and with considerable care.

An Important Economy.

LIEBIG reckoned the amount of nutritive juice lost in salting at one-third of the meat. Mr. Whitelaw, of Glasgow has applied himself on a large scale to utilize both the matter in solution and the nutritive constituents of the meat. He proposes to dialyse the brine either in chambers fitted up with diaphragms, or by filling a series of ox-bladders with brine, fitted with gutta percha mouth-tubes stretching across and into vats of water. The liquid contained in the bladders is pure juice of flesh; two gallons of brine are found to yield one pint of solid extract of meat.

Gonorrhœa Treated by Tannin and Glycerine.

Dr. SCHUSTER, of Aix-la-Chapelle, describes a method of treating gonorrhœa and gleet, to which he was led by observing the results of a similar plan in uterine catarrh. Tannin when mixed with glycerine, forms a waxy mass, which soon becomes smooth, hard and brown, but readily dissolves under a gentle heat. Dr. Shuster has made rods, three or four inches long, consisting of tannic acid two parts, powdered opium 0.12 parts with a sufficiency of glycerine. These are soft in the summer, but become very brittle in the winter. The rod, moistened with hot water is introduced into the urethra, and a piece about an inch and a half long is left in; it melts down and forms a whitish mass with the mucous secretion from the canal. The rod may, after remaining five to ten minutes, either be removed by the finger or be expelled by the stream of urine. The remedy is applied twice or thrice daily. Dr. Schuster treats gonorrhœa in all its stages in this way; a cure follows in a period varying from seven to eighteen days.

Glycerine Inhalations in Croup.

The *Wiener Medizin Wochenschrift* for November 19, 1870, gives an analysis of a pamphlet by Dr. G. STEHBERGER, of Mannheim, who recommends the treatment of croup by inhalation of pure glycerine through Siegle's apparatus. He was led to try this remedy in croup from observing its good effects in cases of hoarseness and loss of voice. In 1869, after an epidemic of measles, there were numerous cases in the practice both of Dr. Stehberger and of other practitioners in Mannheim, where, whether the symptoms were those of true or false croup, the good results of the inhalation soon became evident. The cough became more free and moist, and the

children were able to sleep almost immediately after being relieved by the inhalation. In severe and advanced cases, however, these results were not so evident; and it is doubtful whether they occur, if the remedy be not applied early and be repeated sufficiently often. The glycerine is used unmixed, if it be pure; if not pure, it is diluted with a little water. The inhalations are repeated, according to the urgency of the case, at intervals varying from half an hour to an hour and a half, for about fifteen minutes at a time. Dr. Stehberger ascribes the effects of the glycerine to the fact, pointed out by Dr. M. Sims, that it increases the secretion of the mucous membranes, and thus reduces tumefaction.

A Comparison.

Comparisons, it is said are odious, but they are sometimes instructive as well. In paying for medical journals, as well as in everything else, the subscriber wishes to get the largest return for the amount expended. A subscriber in a western State has had leisure enough to institute a comparison which is so much in favor of the REPORTER that we may be pardoned for making use of his figures. He says "In comparing the last copies received," (of the REPORTER, and a monthly journal,) "I find the following: in the REPORTER, 22 pages, with an aggregate of 20,000 words, and upward, while in the monthly of 64 pages there are about 10,500 words." By this showing the REPORTER contains considerably more than four times the amount of reading matter than the monthly. For while there are but twelve numbers of the monthly in a year, there are 52 (not 48) numbers of the REPORTER, and last year there were 53 numbers! The fortnightly journals, too, give but 24 numbers in a year—not 26!

The Orthopedic Hospital of this City.

The State Board of Charities recommend an appropriation by the Legislature of \$10,000 to the Orthopedic Hospital of this city. They say:

"This hospital stands alone as the only institution in the country devoted to the treatment of the deformed and paralytic. At the present, as for years past, it has been besieged by applications for relief of deformities and nervous diseases from all parts of the State, and through lack of means has been unable to give the aid which the applicants desire. During the past year one-half of its patients came from counties other than that of Philadelphia. These were cases of single and double club foot, club hand, curvature of the spine, bow legs, contractions of the joints, paralysis, etc.

"It should be added that no such institution can exist out of a great city, because there alone can the services of mechanics skilled in the making of

the needed apparatus be had, as well as of physicians who have given special attention to the disorders which this hospital receives for treatment."

The officers and appointments of this hospital were given in a late number of the REPORTER.

The Woman's Medical College of Pennsylvania.

In a recent number of the REPORTER we alluded to a raid made by some female students on a clinical lecture at the Philadelphia Hospital, where the students from the University of Pennsylvania and the Jefferson Medical College had been quietly attending lectures during the winter. We were able to add, at the last moment, that we had heard it intimated that the females who presented themselves at that clinic were not students of the Woman's Medical College of Pennsylvania. Such, we are happy to learn, positively was the case. Moreover, we are authorized to say that the Faculty of this college wish it to be understood that they are not in favor of their students attending clinics in mixed classes of males and females. They desire for their students the best hospital advantages to be obtained in this city, but wish to have no mixing of classes. They enjoy such advantages now and are content, and wish their students to be considered as innocent of transgressing the bounds of propriety and female delicacy unless proved to be guilty. When, therefore, such acts of impropriety occur, as we recently had occasion to allude to, it is to be understood that the Faculty and students of the Woman's Medical College of Pennsylvania are not implicated. While occupying this position, this institution will have our cordial and hearty support in endeavoring to work out a problem which we believe, however, it will ultimately fail in.

Conservative Surgery.

DR. MACCORMAC says, in a letter to the *Lancet*: It is, I think, certainly true that, in severe gunshot fractures of the lower limb, amputation is often the better course, and that, when not performed in the first instance, it often becomes imperative at some later period in order to afford a chance of life, and then the conditions for success are not all so favorable. It is also true that resections of the hip, and especially of the knee, have not been satisfactory.

In the upper extremity, however, the converse holds true, and resections of the shoulder, the elbow, and the wrist, as a rule, do well; while, compared to the leg and thigh, amputation of the forearm and arm is but rarely needed.

It cannot be too strongly insisted upon, that where an operation is required from the severity of the injury, an immensely better chance of success

Feb. 11, 1871.]

Correspondence.

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is afforded by performing the operation at once, and it therefore becomes of great importance to make an early and thorough examination of all gunshot wounds by the finger. No probe, however cunningly devised, will answer so well.

Correspondence.

DOMESTIC.

The Uses of Subnitrate of Bismuth.

EDS. MED. AND SURG. REPORTER:

Reading an article in one of your late issues upon the use of the subnitrate of bismuth in cholera infantum has caused me to give my experience with that medicine.

I will premise by saying a few words in regard to the manner in which it produces its beneficial effects. HEADLAND, in his work on the "Action of Medicines," claims that it is insoluble, and that it produces its effects mechanically by sheathing and soothing the irritated mucous surfaces. The majority of reliable authorities hold the same views, and my experience with it has led me to the same conclusion.

In nearly all cases of irritability of the stomach, whether occurring in young or old persons, I have used it with the most satisfactory results. My method of prescribing it in those cases is to give to an adult from four to eight grains every hour until the vomiting cases, and to children a proportionate quantity. In the irritability of dyspepsia, I believe it excels all other remedies. Given in from ten to thirty grain doses every three hours, it produces almost specific effects. But the tonic effects so much claimed for it in debility of the stomach I have never been able to realize in my cases. In fact, my experience with it has led me to believe that except in those cases connected with gastric irritation it is worthless. It is true that in neuralgia of the stomach it often proves quite remedial; here again it soothes an irritated mucous membrane, the cause of the trouble.

In the majority of cases of cholera infantum it has acted for me as much the part of a specific as quinine does in ague. For a child two years old I usually prescribe it in from four to eight grain doses every hour until the discharges are somewhat subdued, when the interval is lengthened. Occasionally it becomes necessary to give double that quantity. If there is much pain, a twelfth or a tenth of a grain of opium is given with each dose. As a drink, milk and lime-water are given in the interval, and after repeated trials with this mixture, I am convinced it is the best diet that can be given

during the acute stage of the disease. Externally, counter-irritation by means of mustard is kept up over the epigastrium and extremities.

In the treatment of the diseases of children a consideration is, to give medicine as nearly tasteless and inodorous as possible. The subnitrate fills those indications perfectly. On that account many of the medicines in common use for cholera infantum, such as creasote, etc., are quite objectionable, it being impossible to disguise the unpleasant taste and odor. Exceptional cases, in which the subnitrate does not produce the desired effects, are those in which active fermentation is going on. Here the sulphites of soda are the best remedies.

Many cases might be enumerated in which I am convinced bismuth has been the means of saving beloved offspring. One instance, which is brought forcibly to my mind, I will relate:

In the month of September last, a young man came after me hurriedly one night, stating that a small sister of his was apparently dying of vomiting and diarrhoea. Hastily accompanying him, we were soon at his father's residence, and I think I there beheld one of the most unpromising cases it has ever been my fortune to see recover. The mother informed me that the child had been troubled with "summer complaint" in a mild form for several months, and the parents hoping that nature would effect a cure allowed it to continue. A few days before my visit it assumed an aggravated form. The appearance of the child when quiet was most relaxed and ghastly, almost that of one in death's embrace. The extremities were perfectly cold; the pulse almost imperceptible; a dark blue circle surrounded the eyes, and the diarrhoea and vomiting, in small quantities, almost incessant. Here was a case in which the virtues of the medicine could be thoroughly tried. I ordered the treatment to be followed in every particular as directed above, and warmth to be applied to the extremities. In less than an hour after giving the first dose, we had the pleasure of seeing the vomiting and diarrhoea very much lessened, and in a few days a disease that had been running on for months entirely cured.

In the chronic diarrhea of children, we have no better remedy; also in that of adults. At the close of our late war, I prescribed it with curative effect in several cases of army diarrhea, that had resisted the whole round of ordinary remedies. Of course in such cases it must be given in very large doses.

JOHN SENSEMAN, M. D.

Gettysburg, Darke co., O., Jan. 16, 1871.

Rupture of Perineum.

EDS. MED. AND SURG. REPORTER:

The following case, which recently came under my care, I believe to be interesting from the

novelty of the accident: A case of incomplete rupture of the perineum, not produced, however, by the usual cause—parturition.

The patient, a laundress, while stooping to build a fire beneath a vessel of water, was attacked by an infuriated cow, the animal approaching from behind, one of its horns penetrating the perineum by the side of the anus, between it and the left tuber ischii, tearing downward and forward into the vagina, producing an ugly, lacerated and painful wound. The lips of which, after being carefully pared—they being very much jagged—were neatly approximated and held in position by means of sutures, after the manner of Isaac Baker Brown; a simple dressing then applied and held in place with a double T bandage. To confine the bowels, opium was freely administered; no evacuation occurred until the twelfth day after the accident. The patient had a speedy recovery, the lips of the wound uniting throughout its entire extent.

J. A. DIBRELL, JR., M. D.

Little Rock, Ark.

The Induction of Premature Labor.

ENG. MED. AND SURG. REPORTER:

In a late number of the REPORTER occurs the record of a case taken from the *Lancet*, by which it would appear that the question of the best method of inducing premature labor is finally settled. But this is by no means certain.

If the young practitioner consults his authorities, he is told for example by DEWEES, that if the operation be justifiable, no direction as to the best manner of proceeding need be given. This caution alone he regards as necessary, that the mother must not be damaged by the cutting instruments used. Or if he be fascinated by the perusal of ELIOT's admirable monograph, yet is he in doubt what may be the best course to pursue.

The report of the following case illustrates that no one method is reliable, but that a variety of plans may be necessary to bring about the desired result.

In the month of September, 1869, Mrs. M.—was taken with labor, and no progress having been made in spite of violent pains for 24 hours, the forceps were used without avail, and finally, by version she was with difficulty delivered of a dead child. An examination had revealed an antero-posterior contraction of the superior strait. As she came out of her perilous situation in an apparently moribund state, when she had sufficiently recovered, she was charged never to become pregnant again, an order the more positively enforced, because she had barely escaped with life at previous labor. Contrary to advice given, a little more than 8 months since, I was informed

that she was again pregnant, and on being consulted I relieved her anxiety, by assuring her that premature labor would be justifiable in her case, ordering her to advise me of the termination of the period between the seventh and eighth months of pregnancy.

The following record will illustrate that I had somewhat more difficulty than I had anticipated in following out a plan I had determined to put into operation at the very first case of the kind I should be called upon to manage, which plan I pushed to the utmost, in order to test its efficacy.

December 10th, at 9 a. m., I placed the patient upon an extemporized seat, made by resting a board across the edge of a large tub, and from a height of eight feet I poured water as warm as could be borne, into a fountain syringe, from which the water was carried through a rubber tube, and through the vaginal end of the same, against the os uteri.

At 6 p. m., found the os in the same condition as before the injection.

December 11th, 9 a. m. Os same. Tried water warm again and at 6 p. m., same date, without success.

December 12th—morning—varied the operation by substituting a longer vaginal pipe, using a flexible rubber tube, and throwing the fluid into the cavity of the uterus, producing an effect relied upon by some as amply efficient, viz.: making a separation of the membrane about the os, and 2 to 3 inches higher up. At 6 p. m., same date, no success.

Dec. 13.—Tried alternate injections of cold and warm water; repeated once in three hours. At 6 P. M., nothing like labor pain had been produced.

Dec. 14.—Having as yet confidence in the method adopted, I repeated the operation of yesterday. The patient at night said she felt as well as ever and had suffered no pain during the day, nor had observed any of the usual signs of labor.

Dec. 15.—To restore the waning confidence of my patient, I told her I would try another plan at night if the day brought no change in her condition, after trying faithfully the douche against the os a heretofore. At 9 P. M. I called and found her the same, having had no premonitory symptoms of labor. Accordingly I introduced a well oiled bougie high up into the uterus behind the membranes, leaving it there, and assuring her that I should hear from her within eight hours, withdrew.

Dec. 16.—Was sent for at 7 A. M., with the request that I would come immediately, as she was in "hard pains." I found the os well dilated, the bag of water protruding, whereupon I withdrew the bougie.

I then discovered a cross presentation, the head occupying the left lateral position at the brim; the membranes thus far had not been tampered

with, external version was easily performed. The feet were first brought down, and next the membranes were broken and the delivery terminated.

From the above case may be deduced these lessons:

1st. No one plan of inducing premature labor is applicable to all cases.

2d. Concerning the plans proposed, those only should be adopted which leave the membranes intact until the presentation has been fully recognized.

C. W. BULL, M. D.

Plymouth, Conn., Jan. 22, 1871.

What is a Quack?

EDS. MED. AND SURG. REPORTER:

In No. 725, page 63, of this journal, attention was called to a commentary on the opinion of Mr. Justice Sutherland, delivered in the Court of Appeals of the State of New York, relative to the act of 1844—"abolishing all restrictions on the practice of medicine," and ruling that it was "just as actionable falsely and maliciously to call a homeopathic physician a quack as to call an allopathic physician a quack."

While the learned judge may be credited with a commendatory opinion, there exists a shadow of doubt as to the applicability of the analogy drawn, or the apparent inference made by the learned commentator.

It cannot be entertained by the members of the profession at large that, the learned justice, in delivering the above opinion of the court, had, in the remotest degree, any idea of attributing the appellation "allopathic," as applicable to the regular or old school physician, which is seemingly assumed by the commentator. That he, who commits himself to the narrow axiom "*contraria contrariis curantur*," should be extolled, and he who being allured in the later but incredible maxim "*similia similibus curantur*" should be denounced, is an absurdity.

It is the writer's belief that, all who strictly and prejudicially confine themselves to any one given system of medicine—to the exclusion of all others—whether, it be allopathy, homeopathy, hydropathy, eclecticism, thomsonism or any other pathy, or ism—as they are known to us—are quacks and charlatans; that, he who cannot use indiscriminately, in accordance with his best judgment—and he should be a judicious observant and selector—any of the varied medicines, drugs, appliances and substances known to the profession as being beneficial in the treatment of the ills akin to poor human nature, are unworthy of respectful recognition and should be eschewed; and that he who affiliates specifically with either merits reproof.

It is not intended to throw unmitigated ridicule on either of the various systems of medicine, as

such an act would justly incur the charge of ignorance and folly on the one hand; and a narrow-minded self-conceit on the other; but, it is time the world at large should know that the views of the regular or old school practitioner are not contracted, but as broad as the extended limits allotted to the play of the sun-beam, and as liberal as the light afforded by the grand majestic orb of day. But, enough. I will quit at this, and request the commentator to make more clear his position, for it is not supposed that he intended that it should be understood he accepted the appellation "allopathy," as an appropriate title to himself, and to the profession in which he claims membership.

WM. C. CROOKS, M. D.

529 South 13th street, Phil'a, Penn'a, 1-26-'71.

[The commentator above referred to is most decidedly of the opinion that under the term "allopathic," the learned judge, (however incorrectly), referred to "regulars." And in spite of the arguments of Dr. C., the commentator also continues to believe that he only is a quack who practices on a system which he believes at heart to be false, or he who makes capital of human suffering, or he who pretends to know what he does not know, "a boastful pretender to medical skill, which he does not possess," (as Noah Webster has it), and *not* the honest homeopath, or eclectic, or hydropath.]

Treatment of Varicose Ulcers.

EDS. MED. AND SURG. REPORTER:

I desire to call the attention of your professional readers to the virtues of *wicopy*, (*Dirca palustris*) in the treatment of varicose ulcers. My first knowledge of its application was some three years ago. I had a patient with ulcers on the leg of six months standing, which proved intractable to the usual remedies; and during one of my visits, a neighbor who chanced to be present, urged its trial with so much assurance and vehemence that I was persuaded to consent to its being applied, and with a speedy result that quite surprised me. I have since tested it in quite a number of cases with the same beneficial result. My manner of preparing it is, after having removed the outer bark, to scrape off the inner bark with a dull knife, by which it is rendered fine and soft. A portion of this is then made into a poultice with boiling water, and applied to the ulcer, and allowed to remain twenty-four hours, and to be replaced every day, if necessary, in consequence of the abundance of pus, until the ulcer heals, which generally takes place in from two to four weeks.

The poultice should not be made too moist, and sufficiently large to absorb the secretions; for aside from the specific action which this bark seems to exert, the fine shreds, by their capillary attraction,

remove the superabundant pus with more exquisite care than it can be done with sponges, soap, and water, etc. In a country practice, of course, I have not had the opportunity of trying it in such aggravated cases as are constantly met with in city hospitals in the persons of broken down debauchees; but in all my cases it has worked uniformly well, and I can recommend it to the profession in the full confidence that in a great majority of cases it will prove effectual. Constitutional treatment, such as cit. iron and quinine, and especially opium, should not be neglected in old cases, but in recent ones no other treatment will be found necessary.

I trust that some of my professional brethren will give it a fair trial and report the result through the *REPORTER* for the benefit of the afflicted. The shrub, or rather tree, (as it grows in this vicinity) is known in different localities by various names as, *leatherwood, moosewood, rope bark, etc.*

GEO. D. STANTON, M. D.
Stonington, Conn., Jan. 23, 1871.

NEWS AND MISCELLANY.

Medical Society of Alleghany County Pa.

At the recent annual meeting of this society, the following officers were elected for 1871.

Drs. E. A. Wood, President; Jas. McCann, Vice President; W. H. Daly, Recording Secretary; W. H. McKelvey, Assistant Recording Secretary; B. C. Jillson, Corresponding Secretary; N. McDonald, Treasurer; S. N. Benham, censor.

Delegates were elected to the American Medical Association and to the Pennsylvania State Medical Society.

Would Not Accept the Honor.

The Prussian iron cross with a white ribbon, which is bestowed upon non-combatants who have done great service on the field of battle, was sent to the Chief Surgeon of the Saxon Army Corps, and rejected by him, with the remark that in consideration of the perilous nature of the services, he felt himself as much entitled to the iron cross with the black and white ribbon as any soldier of them all.

— The State Board of Charities of this State recommend an appropriation by the Legislature of \$25,000 to the Pennsylvania Institution for Feeble Minded Children, located at Media, for the maintenance and education of 100 imbecile children. This excellent institution is doing great good under the efficient management of its superintendent, Dr. ISAAC N. KERLIN.

— It is related of an aged physician who died in New Hampshire recently, that when, after completing his medical studies, he started out to locate his profession, he let his horse decide the doubtful question by the road it chanced to take.

QUERIES AND REPLIES.

Dr. F. S. C. G., Indiana.—The price of the *Gynecological Journal* having been raised to \$5, from January 1, 1871, the price of the *REPORTER* and that journal together is \$9.

Dr. R. K., Mississippi.—The price of the *REPORTER* and *American Agriculturist* together, one year, is \$6.

WORDS OF ENCOURAGEMENT.

Dr. S. L. R., Tenn., writes: "Times are very hard down here, and I ~~try~~ to persuade myself to do without journals one season, and therefore drop all but yours. To be without them would be to abandon progressive medicine. You have certainly the best journals in the world, and so long as I can raise \$8 a year, I must take them."

OBITUARY.

DR. JOSEPH A. MCCUNE.

Nov. 27th, at his residence in Greenup county, Kentucky, near Portsmouth, Ohio, Dr. Joseph Andre McCune, in the 59th year of his age.

At a called meeting of the Scioto County, Ohio, Medical Society, the following resolutions upon the decease of their brother and co-laborer, J. A. McCune, M.D., were presented and adopted:

WHEREAS, It has pleased the Giver of mortal and eternal life to call unto himself his good and faithful servant, Joseph A. McCune; and, whereas, it is a natural desire among men to sympathize with those who are in affliction, and to mourn with those who weep; therefore,

Resolved, That in Dr. J. A. McCune our Society recognized an eminent and learned practitioner, a great and useful benefactor of humanity, and a devoted disciple of the great Physician, our Saviour Jesus Christ.

Resolved, That in acknowledging the excellence of him who is gone, and in honoring his memory, we would tender to his family in their sorrow, our respectful sympathy.

J. B. BING,
C. M. FITCH,
M. S. PIXLEY.
Committee.

MARRIED.

CAMPBELL—MATCHETT.—Jan. 9th, at the residence of the bride's father, by Rev. D. B. Wilson, J. Campbell, M. D., and Miss Josie Matchett, both of Alleghany City, Pa.

HAINES—WOOLSTON.—In this city, Feb. 2d, at the residence of W. H. R. Neil, 1306 North Eleventh street, by the Rev. W. G. Robinson, William C. Haines and C. Louise Woolston, daughter of Dr. Samuel Woolston, of Vincentown, N. J.

DIED.

BETHLEMY.—On the 12th inst., of whooping cough, Mary Imogene, aged two years, only daughter of Dr. E. T. Bethely, of Wilkesbarre, Pa.

ELLIOT.—Suddenly, in New York, Jan. 29th, George T. Elliot, M. D., in the 44th year of his age.

SCHENCK.—In this city, Jan. 30th, P. Howard, son of Dr. J. H. and Catharine Schenck, in the 28th year of his age.